



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

APPLICATION FOR PORTABLE / CHEMICAL TOILETS

FEE \$15.00

NAME OF BUSINESS / EVENT: _____

NAME OF PROPERTY OWNER: _____

NAME OF CONTACT PERSON: _____

PHONE NUMBER: _____

ADDRESS WHERE TOILETS WILL BE LOCATED: _____

LOCATION ON LOT WHERE TOILETS ARE PROPOSED (Describe and attach a plan depicting location of private wells, lot lines, etc.): _____

OF TOILETS PROPOSED: _____ WILL THEY HAVE HANDWASH FACILITIES: _____

ESTIMATED MAXIMUM # OF PERSONS IN ATTENDANCE AT EVENT(S) AT ANY GIVEN TIME: _____

NAME OF COMPANY SUPPLYING TOILETS: _____

NAME OF LICENSED SEPTAGE HAULER WHO WILL BE CLEANING / PUMPING: _____

SIGNATURE OF APPLICANT: _____

DATE: _____